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CONFIRMATION NO. 3583

<b>SERIAL NUMBER</b> 10/786,176	<b>FILING OR 371(c) DATE</b> 02/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> PF526C1N
<b>APPLICANTS</b> Steven M. Ruben, Brookeville, MD; Kevin P. Baker, Darnestown, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/848,271 05/04/2001 ABN which claims benefit of 60/201,852 05/04/2000 and claims benefit of 60/236,038 09/28/2000 and claims benefit of 60/254,931 12/13/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 22195				
<b>TITLE</b> TREATMENT OF SJOGREN'S SYNDROME BY ADMINISTRATION OF TR18 POLYPEPTIDES				
<b>FILING FEE RECEIVED</b> 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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12/12/07